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## **COVER LETTER**

Division of Corp	orations			
SUBJECT:	CEN DOO!	Plant Based ited Liability Company	Cafe	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Green Door 2418 St Stuart, F	Firm/Company  HAI (SUN St Address  -1 34997	Cafe	2818 FEB -5 A
	albey	City/State and Zip Code		چ 9 05
For further information co	e-mail address: M neerning this matter, please ca	to be used for future/annual report noti all:	ilication)	
William Name of	JDNS Person	at ( <u>5661</u> ) <u>3600</u> Area Code Daytim	9840 te Telephone Number	-
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAPPY DO	or Plant 3		te		
(Name of the Limited Liab (A Flor	ility Company as it now ida Limited Liability Con	<u>rappears on our rec</u> npany)	ords.)		
The Articles of Organization for this Limited Liability Florida document number $\bot 1900008628$	Company were filed	lon 01 07	19	and as:	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability comp	any here:			
The new name must be distinguishable and contain the words "L	imited Liability Company	y," the designation "L	LC" or the abbi	reviation "L	.L.C."
Enter new principal offices address, if applicable:		<u></u>			
(Principal office address MUST BE A STREET ADI	ORESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			TALLARA	2)19 FEB - 5	]
B. If amending the registered agent and/or regregistered agent and/or the new registered office ag	ristered office addr Idress here:	ess on our reco	rds, <u>enter t</u>	⊳ .o hecRame	of the ne
Name of New Registered Agent:					
New Registered Office Address:	E	nter Florida street ada	Iress	<u> </u>	·
		_	Florida		
<del></del>	City		<u></u> -	Zip Code	
New Registered Agent's Signature, if changing Registe	red Agent:				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than ote: If the date inserted in this block does not meet the applicable statutory filing requicument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	at 12:01 a.m. (	on the earlie	er of:
red Jebruary 1 2019			
Signature of a member or authorized representative of a me	mber		

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Filing Fee: \$25.00